



**TEXAS DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MANAGEMENT
COORDINATOR, INSTRUCTOR, EXAMINER APPLICATION**

All information given on this application is considered public record, with exception of Social Security #*. **Type or print in black ink.** All applicants must complete Sections A & E. Sections B, C and D are specific for Coordinator, Instructor or Examiner Certification. Complete applicable sections.
**INCOMPLETE APPLICATIONS
WILL BE RETURNED.**

Submit application with supporting documents to the local Public Health Region office. Contact your Public Health Region office to schedule a seat for testing (if applicable) and for application and fee processing details. Make payment to:
Texas Dept of Health

**For TDH Use Only
2A284/160**

Receipt # _____

Date _____

Amount _____

SECTION A :

PRINT NAME:	Last	First	Middle	Social Security Number* or EMS Personnel ID#:
<small>*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.</small>				
MAILING ADDRESS:	Street Address or PO Box	City	State	Zip
County:		Home Phone: ()		Business Phone: ()
Email address:				Texas License #: RN _____
Level of EMS Certification/Licensure: G ECA G EMT G EMT-I G EMT-P G LIC-P				Texas License #: Physician _____
Date of Course Completion (if you are an INITIAL candidate): _____				

SECTION B: COORDINATOR

SECTION B-1: INITIAL COORDINATOR Complete the following.

Applicant must be a currently certified Instructor for at least 2 years and be currently certified as an Examiner.

1. List city, state and date of high school diploma or GED: _____
2. Attach your coordinator course completion document.
3. Attach Verification of Instruction form with 40 hrs of EMS instruction documented.
4. Attach a letter of endorsement from an EMS entity which will sponsor the EMS training.
5. Attach letters of intent from potential providers of clinical and EMS vehicle experience.
6. Attach a letter of intent from your potential course medical director.

SECTION B-2: COORDINATOR RECERTIFICATION Complete the following.

1. List the EMS/clinical and ambulance entities with which your program is currently affiliated: _____
2. Attach update completion document(s) for regional EMS updates you have attended during the past two years.
3. List the starting and ending date and the school # of the last course you have coordinated: _____

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NAME: _____ SS#* OR EMS ID#: _____

SECTION C: INSTRUCTOR

SECTION C-1: INITIAL INSTRUCTOR Complete the following.

1. List city, state and date of high school diploma or GED: _____
2. List the EMS training entity or entities with which you are associated: _____
3. Attach a letter of endorsement from a Texas certified Course Coordinator.
4. Attach your instructor course completion document OR , submit (A) A copy of certification from an educational program that addressed adult learning methodology. TCLEOSE or Commission on Fire Protection Methods of Teaching - 40 hr. course will be accepted OR (B) A copy of a college transcript with documented education degree and completion of courses that addressed adult learning methodology.

SECTION C-2: INSTRUCTOR RECERTIFICATION Complete the following.

1. List the EMS training entity or entities with which you are currently affiliated: _____
2. Attach update completion document(s) for regional EMS updates you have attended during the past two years.
3. Attach completed Verification of Instructor Hours form verifying at least 40 hrs. of EMS instruction conducted during the past two years of instructor certification and course coordinator's recommendation.

SECTION D: EXAMINER

SECTION D-1: EXAMINER INITIAL Complete the following.

1. List city, state and date of high school diploma or GED: _____
2. Attach your examiner course completion document.
3. Attach a letter of endorsement from a Texas certified Course Coordinator.
4. Attach satisfactory EMS Skills Examiner Evaluation form.

SECTION D-2: EXAMINER RECERTIFICATION Complete the following.

1. Attach update completion document(s) for regional EMS updates you have attended during the past two years.
2. Attach the completed EMS Skills Examination Record Form verifying at least 20 skills examinations conducted during the past two years of examiner certification AND evaluator's proficiency verification .
3. List name of coordinator with whom you are associated: _____

SECTION E: ALL APPLICANTS COMPLETE THIS SECTION

Mark the level(s) for which you are applying: () EMS Coordinator () EMS Instructor () EMS Examiner		
Mark the fee(s) you are submitting:		() None- I am exempt from application fee because
() Coordinator \$50.00	() Examiner \$25.00	I will neither charge nor accept compensation for the
() Instructor \$25.00	() Late fee(s) \$25.00 each	education or certification of EMS personnel.
I hereby affirm and declare that all information submitted on this form and on the attachment(s) is true and correct. It is understood that false statements or information on this application may be considered as sufficient cause for denial or decertification.		
Signature of Applicant: _____		Date: _____